Please type a plus sign (+) inside this box -> +	PTO/SB/01 (12
	Approved for use through 9/30/00. OMB 0651-0
	Patent and Trademark Office; U.S. DEPARTMENT OF COMME

DECLARATION FOR UTILITY OR

SB/01 (12-97) MB 0651-0032 COMMERCE ss it contains

	ı		
_		_	

DESIG	3N	First Named Inventor   SAKSENA, et al								
PATENT APP	LICATION	C	COMPLETE IF KNOWN							
(37 CFR	1.63)	Application Nur	nber		/					
Declaration 🗍		Filing Date		Januar	y 18, 200	)2				
Submitted OR	Declaration Submitted after Initial	Group Art Unit		To Be	Assigned	i				
Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Nam	θ.	to Be	Assigned					
As a below named inventor,										
My residence, post office addr										
I believe I am the original, first names are listed below) of the	and sole inventor (if only on subject matter which is cla	ne name is listed below timed and for which a pa	) or an on atent is so	ginal, first a ught on the	ind joint inv	entor (II plural ntitled:				
NOVEL P	EPTIDES AS NS3-S		SE IN	HIBITO	RS					
OF HEPATITIS C VIRUS										
the specification of which (Title of the Invention)  is attached hereto										
OR	2000									
was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number		amended on (MM/DD/)				(if applicable).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to discle	ose information which is ma	aterial to patentability as	defined in	37 CFR 1	.56.					
hereby claim foreign priority be ertificate, or 365(a) of any PC merica, listed below and have a r of any PCT international appli	enefits under 35 U.S.C. 1° T international application also identified below, by ch cation having a fling date b	19(a)-(d) or 365(b) of a which designated at le- ecking the box, any fore sefore that of the applica	iny foreigr ast one or ign application on wi	application cuntry other ation for panich priority	n(s) for pat r than the tent or inve is claimed.	ent or inventor's United States of ntor's certificate,				
rior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Prior Not Cla		Certified C YES	opy Attached? NO				
				3	000	0000				
Additional foreign application	numbers are listed on a su	pplemental priority data	sheet PT	O/SB/02B	attached he	reto:				
I hereby claim the benefit unde Application Number(s)	r 35 U.S.C. 119(e) of any L	Inited States provisiona MM/DD/YYYY)	l application	on(s) listed	below.					
50/220,108	7/21/00	MM/DD/TTTT)		numbers :	are listed					
		į				y data sheet ed hereto.				
		[Page 1 of 2]								
	CER"	TIFICATE OF M.	AILING							
I hereby certify that this c envelope addressed to: A	orrespondence is being	g deposited with the	United 5	States Po	stal Servic	e as first class ma				
Typed or printed name										
Signature			$\neg \neg$	Date	Γ					

EV024687629US January 18, 2002

Express Mail Label No.

Date

Approved for use through \$25000. CMB 064-0522
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it revisited
a valid CMB control number.

#### **DECLARATION** — Utility or Design Patent Application

hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of eny PCT international application designating the United States of America, listed below and, insofer se the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, 1 alcohological to duty to discissed.

nformation whand the netion	nich is ma al or PCT	aterial to patenta l'international filir	bility as	defined of this e	i in 37 C	FR 1.5	56 whi	ich bec	came ava	ailable betw	een the	filing da	ate of the prior	application
		ent Applicati Numb	ion or				$\perp$		ent Fili	ing Date YYYY)			ent Patent N (if applicat	
09/908,9	55							7/19/01						
Additional	U.S. or f	PCT internationa	applica	tion nur	mbers ar	n lister	d on a	supple	emental r	nriority data	sheet P	TO/SB/	noR attached h	vereto
Additional U.S. or PCT international application numbers are listed on a named inventor, I hereby appoint the following registered practitioner(s and Trademark Office connected therewith:     Customer Number   2 OR     Registered practitioner(s)				oner(s) 24	to pros	secute th	his applicatio	on and to	trensa		in the Patent omer Code			
	Nam	10		100,00	Regist Num	tration		I I	gauen.	n number us Nam		<u>w</u>	Regis	stration mber
		d practitioner(s)			-	Regist	tered F	Practiti	ioner Info	ormation she	eet PTO/	SB/02C	attached here	sto.
irect all corr	correspondence to:						24	1265		OR	□ ∝	orrespo	ondence add	ress below
Name	PAL	AIYUR S. K	ALYA	NAR	AMA	N	Reg	g. No.	. 3463	4				
Address	<u> </u>						_							
Address				_		_								
City								Stat	ite.		ZIP			
Country				Te	elephon	ie (	908)	298-			Fax	(908	3) 298-5388	8
unishable by	fine or in	Il statements ma d further that the mprisonment, or at issued thereon.	ese state both, ur								ents ma	de on i	information an	d belief are
lame of So	ole or F	First Invento	<u>r:</u>			_			petition	has been	filed for	r this u	insigned inve	entor
Gl	ven Nar	me (first and m	iddle [if	any))			$\Box$			Family	y Name	or Sur	mame	
ANIL K.								SA	KSEN	ΙA				
Inventor's Signature				_		_	_	_			_		Date	
Residence: C	City	UPPER MO	NTCL	AIR	State	NJ		Cou	untry	USA			Citizenship	USA
Post Office A	ddress	53 BEVE	RLY F	COAD	)									
Post Office A	ddress													
City	UPPER	MONTCLAIR	State	NJ			ZIP	07	7043		Cour	ntry	USA	

Under the Paperwork Reduction Ac
valid OMB control number.

**DECLARATION** 

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 10

Name of Addition	Name of Additional Joint Inventor, if any:									
Given Nar	me (first and middle [if any])					Family Na	ne or	Surname		
VIYYOOR MO	OPIL			GII	RIJAVA	ALLABHAN				
Inventor's Signature								Date		
Residence: City	PARSIPPANY	State	NJ		Country	USA		Citizen	ship	USA
Post Office Address	s 10 MAPLEWOOD DRIVE									
Post Office Address	ddress									
City	PARSIPPANY	State	NJ		ZIP	07054	Count	ry US	SA	
Name of Addition	nal Joint Inventor, if any	<i>r</i> :			A petition	on has been file	d for t	his unsig	ned inv	entor
Given Na	ne (first and middle [if any]) Family Name or Sumame									
RAYMOND G.	J. LOVEY									
Inventor's Signature		Date								
Residence: City	WEST CALDWELL	State	NJ		Country	USA		Citize	enship	USA
Post Office Address	65 WOODSIDE AVE	NUE								
Post Office Address										
City	WEST CALDWELL	State	NJ		ZIP	07006	Cou	ıntry	USA	
Name of Addition	nal Joint Inventor, if any	<b>/</b> :			A petiti	on has been file	ed for 1	this unsig	ned im	ventor
Given Na	me (first and middle [if any])					Family Na	me or	Surname		
EDWIN				JА	o					
Inventor's Signature									ate	
Residence: City	WARREN	State	NJ		Country	USA		Citiz	enship	USA
Post Office Address	20 CROSSWOOD W	ΆΥ								
Post Office Address										
City	WARREN	State	NJ		ZIP	07059		Country	US	
Burden Hour Statement	This form is estimated to take	0.4 hour	s to com	olete.	Time witt	vary depending u	pon the	e needs o	the ind	ividual case. A

comments on the amount of time you are required to complete time should be sent to the Child Information Office, as each to the Child Information Office, as eac

DECLARATION

EDISON

5 PACE DRIVE

Inventor's Signature

Residence: City Post Office Address

Post Office Address

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

ADDITIONAL INVENTOR(S)

Supplemental Sheet Page 2 of 10

Date

USA

Name of Addition	nal Joint Inventor, if any	y:			A petition	n has been	filed for th	is unsigned	inventor	
Given Na	me (first and middle [if any])			Family Name or Surname						
FRANK				В	ENNET	Γ				
Inventor's Signature								Date		
Residence: City	PISCATAWAY	State	NJ		Country	USA		Citizenship	SCOTLAND	
Post Office Address	419 DRACO ROAD									
Post Office Address										
City	PISCATAWAY	State	NJ		ZIP	08854	Countr	USA		
Name of Addition	nal Joint Inventor, if any	y:			A petition	on has been	filed for th	is unsigned	inventor	
Given Name (first and middle [if any])				Family Name or Surname						
JINPING L.					MC C	ORMICK				

Post Office Address City EDISON 08820 Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname HAIYAN WANG

USA

Inventor's Signature Residence: City CRANBURY NJ USA Citizenship CHINA Post Office Address 5 CUBBERLY COURT

CRANBURY 08512 Earder Neur Statement: This form is assimated to take 0.4 hours to compiles. Time will very disperding upon the reverse of the individual case. Any comments on the amount of time, you are negaried to compile this form whould be seen to the Orbital Internation Officer, Platent and Trademork Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Plants, Washington, DC 20231.

ZIP

DECL	ARAT	<b>FION</b>

#### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 10

Name of Addition	nal Joint Inventor, if an	v:		П	A petitic	n has been file	d for t	his unsid	ned im	ventor
Given Na	me (first and middle [if any]	)	Т	_		Family Na				
RUSSELL E.				PIK	F					
Inventor's Signature								Dat	П	
Residence: City	STANHOPE	State	NJ						USA	
Post Office Address	RD #1, 31 FLOREN			1.	Country	OBN		Ciuzen	emp 1	OBIL
Post Office Address	,									
City	STANHOPE	State	NJ		ZIP	07874	Count	ry U	SA.	
Name of Addition	al Joint inventor, if any: A petition has been filed for this unsigned inventor									
Given Na	ame (first and middle [if any])					Family Na	me or	Surname		
STEPHANE L.	TEPHANE L.				BOGE	N				
Inventor's Signature								D	nte	
Residence: City	SOMERSET	State	NJ		Country	USA		Citize	nship	FRANCE
Post Office Address	13 DAHLIA ROAD									
Post Office Address										
City	SOMERSET	State	NJ		ZIP	08873	Cou	ntry	USA	
Name of Addition	nal Joint Inventor, if an	y:			A petitio	n has been file	d for t	his unsig	ned im	ventor
Given Na	me (first and middle [If any]	)				Family Na	me or	Surname		
TIN-YAU				CH	AN					
inventor's Signature								ь	ate	
Residence: City	EDISON	State	NJ		Country	USA		Citiza	enship	HONG KONG
Post Office Address	26 BARLOW ROAD									
Post Office Address										
City	EDISON	State	NJ		ZIP	08817	Ţ,	Country	USA	Λ

Binden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amountment of the complete to complete the time of the individual case. Any comments on the amountment of the amountment of the amountment of the amountment of the complete the time of the individual case. Any comments on the amountment of the amo

USA

Country

sign (+) Inside this box + + Approved for use through 6/3098. OMB 6651-0032 + Approved for use through 6/3098. OMB 6/3098. OM

D	ECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4 of U</u>								
Name of Addition	nal Joint Inventor, if any	<b>/</b> :		A petition has been filed for this unsigned inventor							
Given Na	me (first and middle [if any])			Family Name or Surname							
YI-TSUNG				LIU							
Inventor's Signature								Date			
Residence: City	MORRIS TOWNSHIP	State	NJ	Co	untry	USA		Citizenship	U.S.A.		
Post Office Address	34 ALEXANDRIA RO	OAD									
Post Office Address											
City	MORRIS TOWNSHIP	State	NJ	2	ZIP (	07960	Country	USA			
Name of Addition	nal Joint Inventor, if any	r:		□ A	petitic	on has been file	d for this	unsigned in	ventor		
Given Na	me (first and middle [if any])					Family Na	me or Su	ımame			
ZHAONING				Z	HU						
Inventor's Signature								Date			
Residence: City	EAST WINDSOR	State	NJ	Co	untry	USA		Citizenship	CHINA		
Post Office Address	34 STONEHEDGE D	RIVE									
Post Office Address											
City	EAST WINDSOR	State	NJ		ZIP	08520	Count	y USA			
Name of Addition	nal Joint Inventor, if any	<b>'</b> :		□A	petitio	on has been file	ed for this	unsigned in	ventor		
Given Na	me (first and middle [if any])					Family Na	me or Su	ırname			
F. GEORGE NJOROGE											
Inventor's Signature								Date			
Residence: City	WARREN	State	NJ	Co	untry	USA		Citizenship	KENYA		
Post Office Address	11 SOFTWOOD WAY	11 SOFTWOOD WAY									
Post Office Address											

Burden Hour Statement: This form is estimated to take 04 hours to complete. Time will vary depending upon the more call of the find of the complete of the product of the complete of the complete

07059

City

WARREN

**DECLARATION** 

# 

Name of Addition	onal Joint Inventor, if any: A petition has been filed for this unsigned inventor									
Given Na	me (first and middle [if any	)			Family Name or Surname					
ASHOK				AR	ASAPI	PAN				
inventor's Signature								Dat	.	
Residence: City	BRIDGEWATER	State	NJ		Country	USA	Citizen		INDIA	
Post Office Address	Post Office Address 18LARSEN COURT									
Post Office Address	Office Address									
City	BRIDGEWATER	State	NJ		ZIP (	08807	Count	y U	SA	
Name of Addition	of Additional Joint Inventor, if any:									
Given Na	ne (first and middle [if any]) Family Name or Surname									
TEJAL	PAREKH									
Inventor's Signature	Date									
Residence: City	MOUNTAIN VIEW	State	CA		Country	USA		Citize	nship	INDIA
Post Office Address	1885 EDNAMARY W	ΛΥ, U	INIT C							
Post Office Address										
City	MOUNTAIN VIEW	Stat	CA		ZIP	94040	Cou	ntry	USA	
Name of Addition	nal Joint Inventor, if an	y:			A petitio	n has been file	d for th	nis unsig	ned inv	entor
Given Na	me (first and middle [if any]	0				Family Na	me or	Surname		
ASHIT K.				GA	NGUL	.Y				
Inventor's Signature								D	ite	
Residence: City	UPPER MONTCLAIR	State	NJ		Country	USA		Citize	nship	USA
Post Office Address	96 COOPER AVENU	ЛE								
Post Office Address										
City	UPPER MONTCLAIR	State	NJ		ZIP	07043		Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form along the time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form about be seen to the Chief Information Officer, Patent and Tradomark. Patents, Washington, DC 20221.

USA

Country

ADDITIONAL INVENTOR(S)

	PTO/SB/02A (3
/pe a plus sign (+) Inside this box -> +	Approved for use through 9/30/98. OMB 0651-0
	Patent and Trademark Office: U.S. DEPARTMENT OF COMMER
Under the Paperwork Reduction Act of	1995, no persons are required to respond to a collection of information unless it contain
valid OMB control number.	

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page O of U							
Name of Addition	nal Joint Inventor, if any	.]		_	A netiti	on has been file	nd for this	uncioned in	under		
Given Name (first and middle [if any])					- Post						
	, , , , , , , , , , , , , , , , , , , ,			Family Name or Surname							
KEVIN X.  Inventor's Signature				CH	EN	<del></del>		Date			
Residence: City	ISELIN	State	NJ		Country	USA		Citizenship	USA		
Post Office Address	44 GILL LANE, APT	. 1D									
Post Office Address											
City	ISELIN	State	NJ		ZIP	08830	Country	USA			
Name of Additional Joint inventor, if any:  A petition has been filed for this unsigned inventor									ventor		
Given Name (first and middle [if any]) Family Name or Sumame											
SRIKANTH VENKATRAMAN											
tnventor's Signature								Date			
Residence: City	WOODBRIDGE	State	NJ		Country	USA		Citizenship	INDIA		
Post Office Address	35 ROANOKE STREE	ΞT									
Post Office Address											
City	WOODBRIDGE	State	NJ		ZIP	07095	Count	y USA			
Name of Additional Joint Inventor, if any:									ventor		
Given Name (first and middle [if any]) Family Name or Surname											
HENRY A. VACCARO											
inventor's Signature								Date			
Residence: City	SOUTH PLAINFIELD	State	NJ		Country	USA		Citizenship	USA		
Post Office Address	123 SOMERSET AVENUE										

Borden Hor Statement That form is estimated to Luke Oct hours to compilets. There will warp depending upon the revoked of the individual case. Just noticed the compilets of the property of t

State

07080

ZIP

Post Office Address

SOUTH

Please type a plus sign (+) Inside this box → +

valid OMB control number.

sign (+) Inside this box → + Approved for use through 9:3098. OMB 0561:0025

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a

unit CMB control on

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page of							
Name of Addition	A petitio	etition has been filed for this unsigned inventor									
Given Nan	ne (first and middle [if any])					Family Na	me or S	Sumame			
PATRICK A.		PIN	PINTO								
inventor's Signsture								Date			
Residence: City	MORRIS PLAINS	State	NJ	ا	Country	USA		Citizensi	ip i	USA	
Post Office Address	34 BATTLE RIDGE	ROAD									
Post Office Address											
City	MORRIS PLAINS	State	NJ	- 1	ZIP	07950	Countr	y US.	A		
Name of Additional Joint Inventor, if any:  A petitlon has been filed for this unsigned inventor								entor			
Given Nar	Family Name or Surname										
BAMA	JA SANTHANAM										
Inventor's Signature							Da	te			
Residence: City	BRIDGEWATER	State	NJ		Country	USA		Citize	ship	INDIA	
Post Office Address	10 SOMERSET AVE	NUE									
Post Office Address											
City	BRIDGEWATER	State	NJ		ZIP	08807	Cou	ntry [	JSA		
Name of Addition	nal Joint Inventor, if an	y:			A petiti	on has been fil	ed for ti	his unsigr	ed in	ventor	
Given Name (first and middle [if any])					Family Name or Surname						
SCOTT JEFFREY KEMP											
Inventor's Signature								De	te		
Residence: City	SAN DIEGO	State	CA		Country	USA		Citize	nship	USA	
Post Office Address	7873 AVENIDA NAV	TDAD	#263								
Post Office Address											
									TIC		

City SAN DIEGO State C.A. ZIP 92130 Country USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you care required to complete this rime willow to the Chief Information Officer, Petending Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Petents, Washington, DC 20231.

#### **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page 8 of 10

Name of Additional Joint Inventor, if any:								entor		
Given Nar	Given Name (first and middle [if any]) Family Name or							Sumame		
ODILE ESTHER	LEVY									
Inventor's Signature								Da	ite	
Residence: City	SAN DIEGO	State	CA		Country	USA		Citize	nship	USA
Post Office Address	5304 RUETTE DE MER									
Post Office Address							_			
City	SAN DIEGO	State	NJ		ZIP	92130	Coun	try [	JSA	
Name of Addition	nal Joint Inventor, if any	<i>r</i> :			A petition	on has been fi	ed for	this uns	igned in	entor/
Given Nar	ame (first and middle [if any]) Family Name or Surname									
MARGUERITA	LIM-WILBY									
Inventor's Signature	Date						Date			
Residence: City	LA JOLLA	State	State CA		Country USA			Citizenship		MALAYSIA
Post Office Address	6333 CASTENJON I	RIVE								
Post Office Address										
City	SANTA FE	State	NM		ZIP	92037	Co	untry	USA	
Name of Addition	nai Joint Inventor, if an	y:			A petiti	on has been fi	led for	this uns	signed in	ventor
Given Na	me (first and middle [if any]					Family N	ame or	Surnar	ne	
SUSAN Y.	TAMURA									
Inventor's Signature	Date									
Residence: City	SANTA FE	State	NM		Country	USA		Cit	izenship	USA
Post Office Address	2213 CALLE CACIQUE									
Post Office Address										
City	SANTA FE	State	NM		ZIP	87505		Country	US	A

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any complete the state of the individual case. Any complete the individual case. An

Country USA

City

SCOTCH PLAINS

Please type a plus sign (+) inside this box -> +

sign (+) inside this box → + PTOISB02A (3-97)

Approved for use through 9/30/98. OM9 056-10032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a wailed OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page of 10							
Name of Additional Joint Inventor, if any:							d for thi	is unsigned inventor			
Given Nar	ne (first and middle [if any])					Family Nar	ne or S	Sumame			
WANLI WU											
inventor's Signature								Date	Date		
Residence: City	EDISON	State	NJ		Country	USA		Citizenship	C	HINA	
Post Office Address	30 SHEPPARD PLAC	Е									
Post Office Address		20 0000									
City	EDISON	State	NJ		ZIP	08817	Countr	y USA			
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor								ntor			
Given Name (first and middle [if any]) Family Name or Surname											
SISKA HENDRATA											
Inventor's Signature								Date			
Residence: City	EDISON	State	NJ		Country	USA		Citizensh	ip	CHINA	
Post Office Address	25 CINDER ROAD,	APT. 2	2F								
Post Office Address											
City	EDISON	State	NJ		ZIP	08820	Cou	intry US.	A		
Name of Additio	nal Joint Inventor, if an	y:			A petit	ion has been fil	led for t	his unsigned	inv	entor	
Given Name (first and middle [if any])					Family Name or Surname						
YUHUA HUANG											
Inventor's Signature								Date			
Residence: City	SCOTCH PLAINS	State	NJ		Countr	USA		Citizensi	ıip	CHINA	
Post Office Address	61 SPRUCE MILL LANE										
Post Office Address											

Burdon Hour Statement: This form is estimated to take 0.4 hours to complete. Time will key depending upon the rests of the individual case. Any comments on the amount of time you are required to complete this form about be sent to the Chell Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

0<u>7076</u> ZIP

Please type a plus sign (+) inside this box	>	+	
---	---	---	--

#### **DECLARATION**

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 10 of 10

			_						
Name of Additional Joint Inventor, if an	y:		A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname						
JESSE K.			W	ONG					
Inventor's Signature						Date			
Residence: City MONROE TOWNSHIP	State	NJ		Country U.S.A.		Citizenship U.S.A.			
Mailing Address 2 HAMPSHIRE PLACE									
Mailing Address									
City MONROE TOWNSHIP	State	NJ		ZIP 08831	Countr	y U.S.A.			
Name of Additional Joint Inventor, if an	y:			A petition has been fil	ed for thi	s unsigned inventor			
Given Name (first and middle [if any]			Family Name or Surname						
LATHA G.				NAIR					
Inventor's Signature						Date			
Residence: City SCOTCH PLAINS	State	NJ		Country U.S.A.		Citizenship INDIA			
Mailing Address 225 COUNTRYCLUB LA	ANE								
Mailing Address									
City SCOTCH PLAINS	State	, NJ		zip 07076	Cou	intry U.S.A.			
Name of Additional Joint Inventor, if ar	ıy:			A petition has been file	d for this	unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname						
Inventor's Signature						Date			
Residence: City	State			Country		Citizenship			
Mailing Address									
Mailing Address									
City	State			ZIP	c	ountry			

Burden Hour Statement. This form is estimated to take 21 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND IT: Assistant Commissioner for Patents, Washington, DC 20231.